Proposed 2005-07 Policy Initiative

Name of Initiative	Immunizations Policy
Sponsor	Access Committee/Communicable Disease (Proposed)
Lead Staff	Craig McLaughlin, Tara Wolff
Other Committees	Children's Health and Well-Being
Summary	Conduct some or all of the following policy development activities: Continue efforts already begun to establish criteria for adding diseases to the school immunizations list and participate in efforts to understand the policy implications of universal purchasing. Explore ways to discourage "convenience exemptions" to school entry requirements. Examine the capacity of schools to implement immunization requirements and recommend system improvements. Support adoption of a national adult vaccine policy. Develop an alternative proposal for prioritizing influenza vaccinations in Washington during a shortage.
SHR Strategic Direction	☒ Maintain and improve the public health system ☐ Ensure fair access to critical health services ☒ Improve health outcomes and increase value ☐ Explore ways to reduce health disparities ☐ Improve nutrition and increase physical activity ☐ Reduce tobacco use ☐ Safeguard environments that sustain human health
Governor's Initiatives	☐ Cost Containment ☐ Cover all Kids by 2010 ☒ Healthiest State in the Nation
Possible Partners	Office of Superintendent of Public Instruction Department of Social and Health Services Department of Health Centers for Disease Control and Prevention Washington Chapter of the American Academy of Pediatrics School Nurses of Washington local health jurisdictions local school districts
Criteria	☒ Does the issue involve multiple agencies? ☒ Can a measurable difference be made? ☒ Prevalence, severity and availability of interventions ☐ Level of public input/demand ☒ Does it involve the entire state? ☒ Does the Board have statutory authority? ☒ Do the resources exist to deal with the issue? ☒ Does the Board have a potentially unique role?

Problem Statement

This Board is familiar with many of the issues related to immunization policy that are facing the country and the state. It has dealt in recent years with shortages of a number of vaccines—most recently shortages of influenza vaccine. It has discussed the problems created by the absence of a coherent national policy on adult immunizations. It has gone through two recent revisions of the rules governing vaccine mandates for school and child care entry. It has also heard that Washington State has a relatively low immunization rate for some age groups of children and relatively high rate of exemptions.

Immunization policy issues are becoming increasingly complex. The pace of development of new vaccines and new combinations of vaccines is accelerating rapidly. This is placing huge budget strains on the state's "universal purchasing" system, which pays for vaccines for all children. DOH will be requesting a supplemental budget request of about $15 million during the next legislative session to cover increasing Vaccine Program costs. This will include about $1 million for increase utilization of the varicella vaccine because of the Board's new school entry mandate, and about $3 million to pay for a new meningococcal vaccine.

When the statute governing school entry was written, children were expected to complete their immunizations by the time they entered kindergarten. Then immunizations were increasingly recommended for children aged 4–6 years. New vaccines (meningococcal and Tdap) are now targeted to children aged 11–12 years. Vaccines now in the pipeline—like one being developed to prevent infection with one of the most common human papilloma viruses—will target older adolescents, including people who are becoming sexually active. Efforts to mandate that young people be required to receive immunizations against sexually transmitted diseases would probably become very political very quickly. With more vaccines targeted to more age groups, already overburdened school health resources are feeling the strain. During the rule revision to mandate varicella immunity, the Board heard from education agencies concerned about whether schools had the capacity to implement the new requirement. This raises questions about whether schools will be able to effectively implement current requirements, much less respond to additional requirements as new vaccines become available.

The following section contains a menu of possible immunization-related policy initiatives for the Board to consider. Some of them are already underway.

Potential Strategies

1. **Joint Conference on Health:** Organize a Joint Conference on Health concurrent session to discuss timely immunization policy issues with public health professionals. Board and DOH staff successfully submitted and abstract and former Board Chair Tom Locke will be participating.

2. **Policy Rationale for Universal Distribution:** Work with DOH to support a Vaccine Summit the Washington Chapter of the American Academy of Pediatrics will hold in late November. The summit is designed to help understand the value of universal distribution. Also support and comment on CDC White Paper being prepared at the request of DOH, which will explore the potential impacts on the entire health system if Washington were to shift from universal vaccine distribution to a universal-select system. Craig McLaughlin has already been working with DOH to scope and develop these efforts.

3. **Criteria for School Entry:** DOH, the state Vaccine Advisory Committee, and the Board are convening a task force to recommend guidance or criteria that could be used to determine which vaccines provide the most public health benefit. This determination could guide choices about which vaccines to purchase if Washington were to become a "universal-select" vaccine distribution state. The task force is also expected to recommend criteria the Board might use to determine which vaccines should be required for entry into school and child care. Board Chair Kim Thorburn has already agreed to be a member of the task force and Tara Wolff will be participating as staff. Tara has also been working to identify criteria other states use to determine which vaccines should be part of a school entry mandate. General principles behind any school entry criteria could be incorporated into a purpose statement or intent section of the school entry rule.

4. **School Capacity:** Many schools do not have sufficient school nurses and other personnel to meet the growing demands for health services. School immunization requirements are increasingly affecting middle schools and may soon begin to affect high schools. Some school nurses see vaccine requirements as an unfunded state mandate. Schools are under increasing pressure to focus on their core mission of educating students and spend less time of other activities that may have social value but don't immediately impact academic performance. The Board could, through key-informant interviews, surveys, focus groups, and other techniques, assess the capacity and willingness of schools to implement the existing immunization policy. It could assess the readiness to middle and high schools to enforce requirements aimed at older students, as well as the willingness of schools and parents to accept requirements for vaccines for sexually transmitted diseases. It could identify practices that work and those that don't and promote process improvements that could make implementation efforts more effective. It could recommend policy changes, ranging from increasing nurse-student ratios to promoting school-linked health programs that have been shown to increase immunization rates in other states. Their effort could focus on our schools or they could look specifically at schools with adolescent students.

5. **Convenience Exemptions:** Washington has a very permissive policy when it comes to exempting children from school immunizations requirements. Medical, personal, religious, and philosophical exemptions are allowed. The state has a relatively high exemption rate. Some parents exempt their children because of sincerely and deeply held beliefs, but others just need better information, and some simply opt out because it is more convenient to sign the exemption form than to comply with the requirements. Other states have been experimenting with more stringent exemption requirements, so that opting out becomes more difficult than complying. Arkansas has drafted a policy, for example, that would require proof of health department-approved vaccine counseling and annual renewal. The Board could explore rule making or recommend statutory changes to reduce the number of "convenience exemptions."

6. **Influenza Vaccine Prioritization:** Board members have discussed concerns about federal guidelines for prioritizing who should get influenza vaccine during times of shortage, either because of limited vaccine supplies or high demand during a major outbreak. Current Advisory Council on Immunization Practices guidelines call for targeting people most at risk for complications (either because of youth, age, or other medical conditions), people who care for others who are at high risk for complications, and health care workers. Some Board members and some local health

officers think it would be more effective to target schools and workplaces where epidemics spread. This could go further to prevent epidemics. The Board could issue and promote an alternative prioritization scheme for Washington.

7. **Adult Immunization Policy:** A number of organizations have been working on developing a national immunization policy that goes beyond reaching children. In 2003, for example, the Institute of Medicine (IOM) released a report, *Financing Vaccines in the 21st Century: Assuring Access and Availability.* According to the IOM, "The report proposes a federal mandate, subsidy, and voucher program for vaccines. The mandate would require all insurance plans to include vaccine benefits. The federal government would subsidize health plans and providers for the purchase costs and administration fees created by the vaccine mandate. Uninsured individuals would receive a voucher that could be used to receive immunization from any provider. The subsidy would be based on the societal value of vaccines and would be set in advance for vaccines not-yet-licensed, creating an economic incentive for their development." Board staff could assemble and compare various strategies such as this one. The Board could endorse a strategy, recommend state-level policy changes, and advocate for federal-level changes through resolutions, letters to the federal government, opinion pieces, and other strategies.

Criteria

Does the issue involve multiple agencies?

Yes.

Can a measurable difference be made?

Yes. Immunizations rates, exemptions rates, and morbidity and mortality rates from disease-preventable diseases are all measurable. Increased immunization rates reduce the incidence and prevalence of disease.

Prevalence, severity and availability of interventions

Immunizations are a proven population-based intervention. They are effective, efficacious, and cost-effective for many immunizing agents. Specific prevalence and severity data is available for specific disease preventable disease.

Level of public input/demand

There is strong legislative interest and broad interest in the medical community. Immunizations is one of the Governor's GMAP health measures.

Does it involve the entire state?

Yes.

Does the Board have statutory authority?

Yes. The Board has specific authority over school-entry immunization requirements and broad authority to "explore ways to improve the health status of the citizenry." It has a longstanding role in developing immunization policy.

Do the resources exist to deal with the issue?

Yes, depending on how many of the options listed above the Board chooses to pursue. Most of these proposals involve the kind of policy development and rule development processes in which the Board regularly undertakes. The DOH Vaccine Program is

strapped for resources but has already committed to some of this work. OSPI has indicated a willingness to consider involvement and the Washington Chapter of the American Academy of Pediatrics has a strong interest. DSHS has indicated an interest in helping improve immunization rates because its review of the data suggests this is one of the most cost-effective and evidence-based interventions available.

Does the Board have a potentially unique role?

Yes. The Board has authority over school-entry immunization requirements and a long history of involvement in broader immunization policy issues.